

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042181

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1003

10398

DO NOT WRITE
ON THIS STUB

AMENDED

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Rev. 4/59

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USE BLACK INK
OR
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE 4527 Forest Park Blvd. Walton Nursing Home		d. STREET ADDRESS (If outside, give location) 7052 Mardel Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last HENRY H. WHEELER		4. DATE OF DEATH Month Day Year Oct. 17 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-6-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber (Retired) Self Employed		11. BIRTHPLACE (City and state or country) Keytesville, Mo.	
13a. FATHER'S NAME Henry H. Wheeler		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO.	
17. INFORMANT Joseph W. Leuzinger 7052 Mardel Ave.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anterior wall heart disease		INTERVAL BETWEEN ONSET AND DEATH 7 mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4200A DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary Tuberculosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct. 10, 1963, to Oct. 17, 1963 and last saw her alive on Oct. 14, 1963. Death occurred at 2:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert D. Sanders, M.D.		22b. ADDRESS 5500 S. Broadway	
22c. DATE SIGNED 10-18-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Oct. 19, 1963	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway Blvd.		25. DATE RECD. BY LOCAL REG. OCT 19 1963	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.			

Dr. Robert Sanders Ve. 2-5800
5500 S. Broadway
4212 Flora Pl. Pr/ 1-3725

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edwin A. McArthur

Licensed Embalmer No. 3024

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.